



VA ResearchCurrents

New chief named for VA research

Nelda P. Wray, MD, MPH, a pulmonary specialist whose interest in improving health care led to the establishment of one of the nation's premier health-services research programs, has been named VA's chief research and development officer. Wray succeeds Dr. John R. Feussner, who retired from VA in August.

Wray is cofounder and past director of VA's Houston Center for Quality of Care and Utilization Studies. The program has developed a national reputation for using large health-care databases for quality assessment, risk adjustment, and other analyses. A recent Wray-led study at the center raised important questions about the efficacy of arthroscopic knee surgery, a common procedure on which Americans spend more than \$3 billion each year. In addition to her VA role, Wray has served as chief of the section of

health services research at Baylor College of Medicine, where she has taught medicine and medical ethics, and served as an adjunct professor at the University of Texas School of Public Health.

Wray received VA's 2000 Under Secretary's Award for Outstanding Achievement in Health Services Research, based on her pioneering research methods and her role as mentor to many of VA's most productive health-services researchers.

Wray, board-certified in internal and pulmonary medicine, also has an impressive record of national service. She served in 1994 as a health policy advisor to Sen. Bob Dole through a Robert Wood Johnson fellowship, and was appointed in 1995 by then Gov. George Bush to chair the newly created Texas Health Care Information Council.

Burris appointed to geriatrics post

James F. Burris, MD, who has served as acting chief research and development officer for VA since Aug. 2002, has been named the agency's new chief consultant for geriatrics and extended care. Burris will assume the geriatrics position previously held by Dr. Judith A. Salerno, who is now with the National Institutes of Health.

In addition to his VA role, Burris is a clinical professor of medicine and pharmacology at Georgetown University, where he has also held numerous administrative positions. He had served as VA's deputy chief research and development officer since 1997. Earlier in his career Burris had been a staff physician in the geriatrics unit at the Washington VA Medical Center and conducted clinical trials and basic research focused on hypertension.

Burris' awards include the Georgetown University Vicennial Medal, the Distinguished Service Award from the American College of Clinical Pharmacology, and the Outstanding Committee Service Award from the American Geriatrics Society. ■

Update from Health Services Research and Development

VIREC begins fifth year with new initiatives

By Patricia A. Murphy, MS, Asst. Dir., VA Information Resource Center

The VA Information Resource Center (VIREC), based at the Hines (Ill.) VA Medical Center, approaches 2003 with an updated strategic plan, new staff, and four years' experience as a Health Services Research and Development (HSR&D) Service Resource Center. Established in 1998, VIREC strives to inform the HSR&D community on the use of VA and other relevant databases, and to represent and advocate for the information needs of health services researchers within HSR&D Service and on behalf of HSR&D in other VA communities and structures.

New REAPs funded by Medical Research Service

VA's Medical Research Service (MRS) has funded eight new Research Enhancement Award Programs (REAPs) for fiscal 2003. The REAP program, established in 1998, supports multidisciplinary groups of VA investigators studying medical issues of high priority for veterans. REAPs emphasize the training of new investigators and the integration of biomedical and clinical approaches. The new awards, each of which carries up to \$1.3 million in funding over five years, will expand MRS' current portfolio of 26 REAPs. The new REAPs are outlined below:

Bone loss in Chronic Inflammatory Disease (San Francisco)—Daniel D. Bikle, MD, PhD, and colleagues will study the link between inflammation and bone loss. They will evaluate bone loss in HIV/AIDS patients, using both clinical and biochemical approaches, and develop new animal models to study the problem.

Hypoglycemia and Diabetes (Seattle)—This REAP will focus on the biological mechanisms of hypoglycemia in diabetes patients receiving insulin or other drugs for glucose control. Led by Denis G. Baskin, PhD, the REAP will provide a diversified framework for biomedical and clinical

research into the neurological, endocrinological and behavioral components of this issue.

Neuroimaging of Schizophrenia (Brockton, Mass.)—Principal investigator Robert McCarley, MD, and colleague Martha Shenton, PhD, will use electroencephalograms, functional and structural magnetic resonance imaging, diffusion tensor imaging, and transcranial magnetic stimulation to chart electrical, biochemical and physiological changes in the brains of schizophrenic and normal research participants.

Neurotoxins and Gulf War Illness (Durham, NC)—A team led by Roger D. Madison, PhD, will study the link between exposure to nerve toxins and Gulf War illnesses.

Rheumatic Disease Etiopathogenesis (Memphis)—This REAP, led by John M. Stuart, MD, will investigate the causes of rheumatic diseases, including rheumatoid arthritis and related conditions.

Stroke: Disease Prevention and Disability Reduction (Baltimore)—This REAP will use an innovative approach to understanding stroke and its effects, drawing on biomedical research, exercise physiology and rehabilitation medicine. It will serve as a unique training vehicle for early-career stroke researchers. Principal investigator is Richard F. Macko, MD.

Vaccines for HIV, TB, Anthrax and Shingles (New York City)—Led by Susan Zolla-Pazner, PhD, scientists and clinicians will design and develop vaccines for a number of infectious diseases of concern in the public-health and bioterrorism arenas, such as HIV, tuberculosis and anthrax.

Vascular Disease in Diabetes: Metabolic Basis (Iowa City)—William I. Sivitz, MD, and colleagues will study the chemical and physical changes that occur in blood vessels in response to excess blood sugar. ■

VA seeking studies on deployment health

The VA Office of Research and Development is looking to expand its portfolio of research on Gulf War illnesses and other issues relating to the health effects of military deployment. Priority research areas include the long-term health effects of deployment; the health impacts of specific military exposures; improvements in the diagnosis, evaluation and treatment of deployment-related illnesses; and health-risk communication. More details are available at <http://www.va.gov/resdev/fr/ProgramAnnouncementDeploymentHealthIssues.pdf>.

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Lab security guidelines

Lab security continues to be a major priority for VA research. Among efforts to reinforce security at all VA biomedical research facilities is a newly updated policy directive detailing the roles and responsibilities of research administrators and individual investigators in controlling and monitoring access to biomedical labs. The directive can be found at www.va.gov/resdev/directive/HAZMAT-Directive-revised1.doc.

Recent publications

Below is a sampling of recent publications by VA investigators. Due to space constraints, only VA authors and affiliations are noted.

“Alcoholism and Psychiatric Disorders: Diagnostic Challenges.” Ramesh Shivani, MD; R. Jeffrey Goldsmith, MD; Robert M. Anthenelli, MD. **Cincinnati**. *Alcohol Research and Health*, Nov. 2, 2002.

“Analysis of Antimicrobial Resistance Among Gram-Negative Bacilli and Antimicrobial Use in Intensive Care Unit Patients for Five Years in a Veterans Affairs Medical Center.” Chris Gentry, PharmD. **Oklahoma City**. *American Journal of Infection Control*, Nov. 2002.

“Assessing Consumer Perceptions of Inpatient Psychiatric Treatment: The Perceptions of Care Survey.” Susan V. Eisen, Ph.D. **Bedford** (Mass.) *Joint Commission Journal on Quality Improvement*, Sept. 2002.

“Black-White Differences in Severity of Coronary Artery Disease

Among Individuals with Acute Coronary Syndromes.” Jeff Whittle, MD, MPH; Joseph Conigliaro, MD, MPH; C. Bernie Good, MD, MPH; David S. Macpherson, MD, MPH. **Pittsburgh** (JC, CBG, DSM) and **Kansas City** (JW). *Journal of General Internal Medicine*, Nov. 2002.

“Cost Effectiveness of Telemedicine for the Delivery of Outpatient Pulmonary Care to a Rural Population.” Zia Agha, MD, MS; Ralph M. Schapira, MD. **Milwaukee**. *Telemedicine Journal and E-Health*, Fall 2002.

“Decreasing Amputation Rates in Patients with Diabetes Mellitus: An Outcome Study.” Simon Pels, DPM; Wyatt G. Payne, MD; Rudolph J. Mannari, PA-C; Diane Ochs, RN; Martin C. Robson, MD. **Bay Pines** (Fla.) *Journal of the American Podiatric Medical Association*, Sept. 2002.

“Footwear Used by Individuals with Diabetes and a History of Foot Ulcer.” Gayle E. Reiber, MPH, PhD; Carolyn M. Wallace, PhD; Christy A. Vath; Shane Hayes, CPed; Onchee Yu, MS; Don Martin, PhD; Matthew Maciejewski, PhD. **Seattle**. *VA Journal of Rehabilitation Research and Development*, Sept./Oct. 2002.

“Hospital Care for Low-Risk Patients with Acute, Nonvariceal Upper GI Hemorrhage: A Comparison of Neighboring Community and Tertiary Care Centers.” Gareth S. Dulai, MD; Ian M. Gralnek, MSHS, MD. **Greater Los Angeles**. *American Journal of Gastroenterology*, Sept. 2002.

“Milk Thistle for the Treatment of Liver Disease: A Systematic Review and Meta-Analysis.” Jodi Sapp, RN; Valerie A. Lawrence, MD, MSc. **San Antonio**. *American Journal of Medicine*, Oct. 15, 2002.

“Randomized Controlled Trial with Low-Dose Spiral CT for Lung Cancer Screening: Feasibility Study and Preliminary Results.” Kavita Gard, MD; Robert L. Keith, MD; Karen Kelly, MD; York E. Miller, MD. **Denver**. *Radiology*, Nov. 2002.

“Risk Factors for Osteoporosis in a Subgroup of Elderly Men in a Veterans Administration Nursing Home.” Shing-Shing Yeh, MD, PhD. **Northport** (N.Y.) *Journal of Investigative Medicine*, Nov. 2002. ■

VIREC (cont. from pg. 1)

New data privacy and security regulations—under the Health Insurance Portability and Accountability Act—are the focus of VIREC’s latest initiative. As part of this initiative, VIREC will create reference materials and presentations about the new regulations and their impact on research. VIREC continues to issue *Data Resource Guides* on the VHA Inpatient and Outpatient Medical SAS Datasets, and also is developing guides that will concentrate on the Decision Support System (DSS) and VA Pharmacy data.

VIREC disseminates information via the Internet and other media about a wide array of data sources and informatics resources relevant to research. In addition, VIREC provides the quarterly monograph *VIREC Insights*, a monthly *Data Issues Brief*, the VIREC Help Desk (virec@research.hines.med.va.gov), and presentations and workshops on various aspects of using VA data for research applications. VIREC also designs training for new VA research staff that need general instruction to get started using VA data.

All VA researchers are encouraged to join the HSRData listserv maintained by VIREC for informal exchanges of experience, questions, and assistance regarding VA data by a broad network of researchers, policymakers, and information managers. To join the HSRData listserv, send an e-mail message that states only “Subscribe HSRData” (without quotes) in the text to listserv@virec.research.med.va.gov. Details about all VIREC services, information products, training tools, and activities are on the VIREC Web site at www.virec.research.med.va.gov. ■

With federal budget delayed, research offices urged to spend wisely

With no Congressional appropriations bill as yet for fiscal 2003, VA research administrators—along with other budget managers throughout VA and the entire federal government, excluding the military—are being reminded to spend their funds wisely. Most urgently, this means using funds from last year's budget—now considered "prior year funds"—before they expire on Sept. 30, 2003, at the end of fiscal 2003.

"It's going to become even more acutely important that we manage our prior-year funds in a diligent way," said John Bradley, director of finance for the VA Office of Research and Development. "We should make sure they are spent as soon as possible and that we leave no possibility for them to expire at the end of the fiscal year."

The fiscal 2003 appropriations process is stalled until January, when the next Congress convenes. To date, only 2 of 13 appropriations bills—covering the Department of Defense—have been signed into law. All other federal agencies are operating under a

"continuing resolution" (CR), which provides funding for ongoing programs at fiscal 2002 levels but restricts further spending. The current CR is in effect through Jan. 11, but some predict it may take weeks or even months beyond then for Congress to pass a new budget. For research programs at VA medical centers, that means no new major equipment purchases, infrastructure improvements or additions to staff.

When and if a 2003 budget is passed, it may not reflect the kind of increases seen in past years, due to the financial drain of the nation's continuing war on terror, including the establishment of the new Department of Homeland Security, which consolidates 22 separate federal agencies into a new department with 170,000 employees.

As for investigator funding, VA plans to honor existing commitments but may need to hold off on future funding until a new budget is passed.

"At this point we're hoping to honor all our commitments from previous

review cycles—or cycles that will be getting under way shortly," said Bradley. "But we are already looking at curtailing subsequent review cycles for the remainder of the fiscal year."

Upcoming events

• **HSR&D Meeting**—The national meeting of VA Health Services Research and Development is set for Feb. 12 – 14, 2003, in Washington, DC. The theme is "Diverse Veteran Populations: Challenges and Opportunities." For details log onto www.hsr2003.org.

• **National VA Research Week**—The 2003 event will take place April 20 – 26. Local research offices are encouraged to begin planning now. Events in past years have included symposia, poster exhibits, luncheons, award ceremonies and contests, with guests including veterans, legislators, reporters and academic affiliates. Research offices will be receiving information packets from R&D Communications by mid-February. ■

Inside this issue...

- New chief named for VA research
- Eight new REAPs funded
- VIREC offers guidance on using VA data

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